



LONG BEACH POLICE DEPARTMENT

COMMUNITY POLICE ACADEMY

APPLICATION

(For PD Use Only)
CLASS DATE:

NAME: <i>First</i> <i>Middle</i> <i>Last</i>			DATE OF BIRTH: / /
HOME ADDRESS: <i>(Please, no P.O. boxes)</i> <i>Street</i> <i>City</i> <i>Zip Code</i>			
EMPLOYER: <i>Name</i>		<i>Type of Business</i>	
<i>Street</i>		<i>City</i>	<i>Zip Code</i>
CONTACT INFORMATION:			
<i>Cell:</i>		<i>Work:</i>	
<i>Home:</i>		<i>E-Mail Address:</i>	

REQUESTED CLASS DATE:

October 19, 2019

1ST CHOICE: _____ 2ND CHOICE: _____ 3rd CHOICE: _____

PERSONAL INFORMATION

DRIVER'S LICENSE #:	STATE:
ETHNICITY: <i>(Circle One)</i>	
African-American Asian Hispanic Pacific Islander White Other _____	

Why are you interested in attending the Community Police Academy?

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How did you hear about the Community Police Academy? (Please list the name of the person who told you about the academy and the organization they are affiliated with)

Are you involved in any community/business organizations in Long Beach? **Yes** **No**

If yes, please list:

Do you require translation assistance? **Yes** **No**

If yes, please identify which language:

Spanish ☐ Khmer ☐ Tagalog ☐ Other: _____

Do you have any active warrants or involvement in any open police investigations? **Yes** **No**

If Yes, please explain (use reverse side if needed):

Have you ever been convicted of a felony? **Yes** **No**

If yes, please list the nature of the crime and when it occurred:

AUTHORIZATION:

I consent to a record check to determine eligibility for the Long Beach Community Police Academy. If accepted as a participant, I agree to abide by all program guidelines and safety protocols. I understand that photos from this training may be posted on LBPD social media sites and used in promotional materials for this program.

Print Name

Signature

Date

RETURN COMPLETED APPLICATION TO:

Long Beach Police Department
Attn: Community Engagement Division
400 W. Broadway, Long Beach, CA 90802
E-mail: LBPDCommunityEngagement@longbeach.gov
Phone: (562) 570-7401 Fax: (562) 570-8811